

Date of Crash **01/05/2026** Time of Crash **1536** City/Town **Auburn** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police  Local Police  MBTA Police  Campus Police  Other:   
 Latitude **+042.2056** Longitude **-071.840**

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

**VINE ST**  
 Route# Direction Name of Roadway/Street  
 At  
**SWANSON RD**  
 Route# Direction Name of Intersecting Roadway/Street  
 Also at Intersection with  
 Route# Direction Name of Intersecting Roadway/Street

Please Select One of the Following:  Vehicle **14** #Occupants  Hit/Run  Moped Crash Report ID# **26-5-AC**

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **4386FP** Reg Type **PAN** Reg State **MA**  
 Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement [redacted] Veh Year **2018** Veh Make **JEEP** Veh Config. **1**  
 Operator **BEAUREGARD, JEANNINE MARIE** Owner **BEAUREGARD, JEANNINE MARIE**  
 Address **163 PAXTON RD** Address **163 PAXTON RD**  
 City **SPENCER** State **MA** Zip **01562-1425** City **SPENCER** State **MA** Zip **01562-1425**  
 Insurance Company **FARMERS PROPERTY & CASUAL** Vehicle Action Prior to Crash **1** Damaged Area Code: **2**  
 Vehicle Travel Direction:  S  E  W Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **0**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **1** BAC Test Result: **1**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **0** Susp. Alcohol: **2** Susp. Drug: **2**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
[redacted]	[redacted]	[redacted]	<b>F</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
[redacted]	[redacted]	[redacted]	<b>M</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	
[redacted]	[redacted]	[redacted]	<b>M</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	

Please Select One of the Following:  Vehicle **21** #Occupants  Hit/Run  Moped  Vulnerable User Complete the Vulnerable User section.

License # [redacted] St. [redacted] DOB/Age [redacted] Reg # **762CA4** Reg Type **PC** Reg State **MA**  
 Sex **M** Lic. Class **D** Lic. Restrictions **1** CDL Endorsement [redacted] Veh Year **2008** Veh Make **TOYOTA** Veh Config. **1**  
 Operator **FIGUEROA VAZQUEZ, MATTHEW** Owner **FIGUEROA, LILLIAN VAZQUEZ**  
 Address **220 STAFFORD ST APT 1** Address **220 STAFFORD ST APT 1**  
 City **WORCESTER** State **MA** Zip **01603-1179** City **WORCESTER** State **MA** Zip **01603-1179**  
 Insurance Company **PROGRESSIVE CASUALTY INSU** Vehicle Action Prior to Crash **4** Damaged Area Code: **8**  
 Vehicle Travel Direction:  N  E  W Responding to Emergency? **2** Event Sequence **1** Test Status: **1**  
 Citation # (If Issued) \_\_\_\_\_ Most Harmful Event **1** Type of Test: **0**  
 Viol. 1: Ch/Sec/Sub \_\_\_\_\_ Driver Contributing Code **4** BAC Test Result: **1**  
 Viol. 2: Ch/Sec/Sub \_\_\_\_\_ Driver Distracted by **99** Susp. Alcohol: **2** Susp. Drug: **2**  
 Viol. 3: Ch/Sec/Sub \_\_\_\_\_ Towed from scene? **2**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
<b>Operator/Occupants</b>		See Above	<del>X</del>	<del>X</del>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>
[redacted]	[redacted]	[redacted]									
[redacted]	[redacted]	[redacted]									

→ = Direction    1 = Vehicle 1    2 = Vehicle 2    ○ = Pedestrian    🚲 = Bicycle

**Crash Diagram:**

ie: → 1 → 2 → ○ → 🚲



**If Crash Did Not Occur on a Public Way:**

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

↑ Arrow



**Crash Narrative:**

V1 was travelling north on Vine St. through the intersection with Swanson Rd. V2 was travelling south on Vine St., attempting to take a left turn (east) onto Swanson Rd. Both vehicles had a green light and V2 collided with V1, causing damage to each vehicle. The operator of V2 was given a verbal warning for Failure to Yield Right of Way.

**Witnesses:**

Name (Last,First,Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Bus Use  42

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ MC/MX/ICC #: \_\_\_\_\_

Interstate  43    Cargo Body Type Code  44    GVWR/GCWR  45

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length  46

**Hazmat Information:**

Placard  47    Material 1 digit #  48    Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code  49

Patrolman Daniel J Hemingway

Police Officer Name (Please Print)

Signature

100DH

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

01/05/2026

Date